

TOWN OF NAICAM BUSINESS LICENCE APPLICATION

Schedule "A" to Bylaw No.1/2016

Date: _____

Name of Organization: _____

Type of Business: _____

Business Civic Address: _____

Business Mailing Address: _____

Business Phone Number: _____

Business Cell Phone Number: _____

Business Fax Number: _____

Business Email Address: _____

Business Website Address: _____

Business Contact Name: _____

Inclusion in the Town of Naicam's online business directory is included with the Business Licence. Business names and types are listed by default. Please CHECK the information you wish to have listed on the website:

- Name of Organization _____
- Type of Business _____
- Business Civic Address _____
- Business Mailing Address _____
- Business Phone Number _____
- Business Cell Phone Number _____
- Business Email Address _____
- Business Website _____
- Business Contact Name _____

Business Social Media*

PAYMENT METHODS: Cash, Cheque, Credit Card (in person, via this form, over the phone), e-transfer (contact us)

I hereby authorize the \$25 business licence fee to be charged to the card listed below.

Credit Card Authorization

Card Number _____

Expiry: ___/___ CV Code: _____

Name on Card: _____

Signature: _____

Please return completed forms to:

Town of Naicam

PO Box 238, 208 2nd Ave N

Naicam, SK S0K 2Z0

naicam.office@sasktel.net | fax: 306-874-5444